



BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

May 24, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

SUBJECT: **PROGRESS REPORT ON PHYSICIAN MANAGEMENT, PERFORMANCE EVALUATIONS, WORKLOAD REPORTS AND PEER REVIEW**

This is a monthly status report pursuant to Supervisor Antonovich's motion of December 7, 2004 requesting updates on activities related to physician evaluation, oversight and management.

Since the April update, the following progress has been made:

Performance Evaluations

The Department continues implementation of the revised Performance Evaluation policy to require annual performance evaluations for all physicians. Prior to this revision, the physicians received an evaluation every two years. This revision is now fully implemented. Human Resources will continue to do targeted training for physician management as necessary.

Peer Review

The Department continues implementation of specific enhancements that were identified as a result of the department-wide independent evaluation of peer review and credentialing processes at all facilities. These reviews have focused specifically on quality of file contents, completeness of documentation and loop closure for all identified issues. Each facility has received and is in the process of implementing the standardized tool to collect peer review and other relevant clinical information as part of the recredentialing process. All facilities have been instructed to formalize reporting of peer review findings at each hospital's governing board meetings to ensure timely and comprehensive action. These changes will be monitored in the next round of quarterly Governing Body Meetings. Finally, the Quality Improvement Department is developing a focused educational program for medical staff on peer review.

Each Supervisor
May 24, 2005
Page 2

Physician Management, Monitoring and Evaluation

The Affiliation Agreement compliance program is completed and implemented. The Drew University component has been fully implemented for three months. A sum of \$300,000 has been withheld from Drew University because physicians had not logged the full number of clinical hours/month covered under the contract. Drew University is completing a reconciliation of these clinical hours and the withhold may be revised as a result of that evaluation. The USC and UCLA affiliation agreement negotiations continue to progress. Complete contract monitoring tools will be developed for each of these contracts once your Board has approved the new agreements so that all three contracts will be monitored in a consistent fashion.

If you have any questions or need additional information, please let me know.

TLG:bc
412:007

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors